

City of Rockville Recreation and Parks and the Washington-Rockville Elks, Lodge # 15

**Slow-Pitch Softball Tournament – Men's and Co-Rec Divisions
Bracket Play, 3-game guarantee – top teams advance to single
elimination tournament on Sunday**

June 21 & 22, 2008

Rain Date: June 28 & 29

All proceeds will benefit the Rockville Recreation Fund and Rockville Elk Charities

Fields – Broome Athletic Park

Awards – Team trophies and Individual Awards to 1st and 2nd Place
Winners; Cash Prizes to Champions and Runner-ups

To Enter: Mail to or register in-person @ Rockville City Hall
(8:30AM – 4:45 PM), 111 Maryland Avenue, Rockville, MD. 20850 or
FAX: 240.314.8659.

For questions please contact Chuck Miller @ 240.314.8652 or Gary
Eckenrode @ 240.447.8547

Sponsors: City of Rockville – Washington-Rockville Elks Lodge #15

Tournament Fee: Early bird registration fee of \$250 per team due by
May 22. There will be a late registration fee of \$275 per team due by June 6.
(Registrations will NOT be accepted after this date)

Note: For each game played the Home team must provide 1 new (COR 44/375
compression ball); the visiting team must provide 1 new (COR 44/375 compression ball).
This tournament will follow ASA rules. Please visit <http://www.rockvillemd.gov> Use the
following links: Recreation and Parks; Team Sports; Sports Information – Slow-Pitch
Softball Rules.

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Refund Policy: We are trying to raise funds for our respective causes and regret that we are unable to refund fees for any reason.

Registration Policy: A registration is considered complete when both the registration form and payment are received. Registrations are taken on a first come, first paid basis.

Schedules: Schedules will be mailed to each manager 7 days prior to the tournament.

For further information: Contact the City of Rockville Sports Division's Office 240.314.8620 or Gary Eckenrode, Washington/Rockville Elks, 240.447.8547 or cmiller@rockvillemd.gov

Registration Form - City of Rockville & Washington/Rockville Elks Lodge Softball Tournament

Team Name: _____
Manager: _____
Address: _____
City/State/ZIP: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____

Assistant Manager: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email: _____

Present League: _____
Division: _____ Record: _____

Check One: ___ Men's C ___ Men's C/D ___ Men's D
 ___ Co-Rec (Reverse) ___ Co-Rec (Regular)

Payment Method:

Credit Card (check type) ___ MasterCard ___ VISA Exp. Date ____
Card # _ _ _ _ _
Card Holder Name _____
Signature _____

___ **Cash** (walk-in only)
___ **Check enclosed** \$ _____ Ck # _____
(Made payable to: *City of Rockville*)

